## MIP College of Physiotherapy, Latur

## MIP Alumni Association

## FEEDBACK FORM

We shall thankful and appreciate, if you could spare some of your valuable time to fill up this										
	k form and give us your va				-					
	uable inputs will be of gre		•	ing '	the qual	ity of	our ac	adem	ic pro	grams
	nhance the credibility of t	the institu	te.		1					
Name of Alumni					Phone &					
_	DDTI /24DT		T		Email i	d				
Degree: BPTh /MPT										
Branch										
Year of passing		PRN		N NO.						
Professional detail										
Name o	of the organisation									
Designa	ation									
Year of	joining									
Dear Al	umni,									
Please	give your overall acad	emic ass	sessment c	of th	ie Depa	rtm	ent/ U	nive	rsity a	and
rate us	on the following crite	ria :								
Sr.no		details			,	VG	G	F	S	US
1	Admission procedure									
2	ambience									
3	Infrastructure & lab facility									
4	faculty									
5	Project Guidance									
6	Quality of Support Material									
7	Training and Placement									
8	Library									
9	Canteen Facilities									
10	Hostel Facilities									
11	Overall Rating of the	Univers	ity							
12	Alumni Association / Network of old Friends									